CONTROL GROUP TESTING

1. Update ATR tables RF773/RF774 for "required" revenue code to HCPCS relationships.
2. Update PR050 to reflect changes to Peer Groupings and Peer Group %'s.
3. Review audit trails for selected claims for HCPCS/CPT "wipeouts" and readd to spreadsheet data.
4. Identify test recipients to be used for AHCCCS claims entry.
5. Update dates of service to be on or after 1/1/2005, which is the "test" begin date for the O/P Hospital Fee Schedule Project.
6. Provide a listing of hospitals by Peer Group to be selected from for AHCCCS claims entry and Health Plan/Program Contractor claims entry.
7. Remove/Hide AHCCCS originating CRN.
8. Locate and add the following additional scenarios:
    a. Same Day Admit/Discharge or Transfer claims – Non-Maternity or Newborn,
    b. Same Day Admit/Discharge or Transfer claims – Maternity and Newborn,
    c. Claims with observation charges (720 and 721 revenue codes) including labor,
    d. Duplicates with and without the "G0",
    e. Claims for facilities with multiple Peer Groups,
    f. All appropriate bill types,
    g. Claims which include HCPCS/CPT's with the new coverage code,
    h. A cochlear implant claim,
    i. Claims where services are unbundled (i.e.. a lab panel where each component if billed),
    j. Claims will dates of service at the line level,
    k. Claims with multiple surgeries,
    l. Claims with modifiers, that impact and don't impact processing,
    m. Claims for conditions, which should fail – Missing required HCPCS, Units in excess of service limits, etc.
9. Update the spreadsheet of Control Group Claims.
10. Enter claims in the AHCCCS ATR.
11. Run a full claims cycle including pricing and remittance.

12. Print hard-copy remittance, and perform a q.c.
13. If processing errors are noted, generate problem tickets and adjust claims according, repeating steps 5 and 6.
14. When results are satisfactory distribute document final results.
15. For Health Plan/Program Contractor testing of Control Group Claims –
    a. Distribute final spreadsheet to all Health Plans/Program Contractors,
    b. Require entry of all scenarios in the Health Plan/Program Contractors test environment and the production of hard copy results of processing (i.e.. hard-copy remittance),
    c. Results should be submitted to AHCCCS for review and flagging of any issues,
    d. Outcomes of reviews will be communicated back to each Health Plan/Program Contractor.